

Prudent Care Homes Limited

102 Faircross Avenue

Inspection report

102 Faircross Avenue
Barking
Essex
IG11 8QZ

Tel: 02037151904

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

102 Faircross Avenue is a care home registered to provide personal care to people, aged 18 years and over, who may have mental health needs, people with learning disabilities or autistic people. It can support up to 3 people. At the time of the inspection, 3 people were living at the home. The home has two floors with adapted facilities and en-suite rooms.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

People's experience of using this service and what we found

Right Support

The service was safe. Medicines were managed safely. People received their medicines as prescribed. Systems and processes to protect people from the risk of abuse were in place. Risks to people's safety were assessed. Staff followed infection control procedures and people were protected from the risk of infections. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The home was suitably staffed but we have made a recommendation for the provider to review arrangements so that people had more flexibility and choice to go out when they wanted.

Right Care

People and relatives told us staff were kind and caring. People's dignity, privacy and human rights were respected. People were encouraged to maintain a healthy balanced diet and were provided food and drink that met their preferences and needs. Staff had received training and development to maintain their skills and knowledge. Staff knew people who used the service well and they provided care and support to them in a kind and compassionate way. Care plans were informative and provided guidance on how to support people, in accordance with their choices and communication needs. People pursued their interests and hobbies and met with friends and family to prevent social isolation. People and their relatives could approach staff and the registered manager with any concerns.

Right Culture

Leaders and the culture they created supported the delivery of quality care. Staff respected people as individuals and equality, diversity and inclusion was promoted in the home. The provider had systems in place to assess, monitor and improve the quality and safety of the services. People and relatives were contacted for their feedback about the service. People were positive about the care and support they received. Staff told us they were supported by the registered manager and received supervision to discuss their performance.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for the service was Good (report published 31 January 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

102 Faircross Avenue

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

102 Faircross Avenue is a 'care home' in which people receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed the information we already held about the service. This included feedback from professionals and notifications. A notification is information about important events, which the provider is required to tell us about by law. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager, the director and 1 member of staff. We also spoke with 3 people living in the home and 1 relative. We reviewed documents and records that related to people's care and the management of the service. We reviewed 3 people's care plans, which included risk assessments. We looked at other documents such as medicine management, staff training and recruitment and infection control records. After the inspection we continued to seek clarification and validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Staff were available at all times to support people in the home. People and relatives told us they were happy with the staffing levels. The provider's staffing arrangements meant that a single staff member was on shift throughout the day and night with support provided by the registered manager, who worked between this care home and the provider's sister home. The registered manager was also available out of hours, for staff to call.
- We discussed this arrangement with staff on duty and the registered manager. They reported no concerns and we saw there was a policy in place for staff who worked alone to ensure they and the people they supported were safe. A staff member said, "It is absolutely fine, there are no issues. We don't have incidents and I can get on with my work and make sure the residents are all OK. It is very quiet and calm here." The registered manager said, "It is set up as a lone working service but I am always on hand to support staff." Records showed staff handovers took place between shifts to relieve staff and communicate information.
- People required support from staff when they were out in the community. However, we found there were only some occasions during the week when two staff worked together, during a shift handover, to help people go to their various activities outside of the home. This meant during other times, a staff member was reliant on the registered manager to provide cover if people wanted to go out.

We recommend the provider reviews staffing arrangements and follows best practice guidance to increase the level of choice and independence for people.

- Staff were recruited appropriately to ensure they were suitable to support people in the home. Police background checks were carried out to check if they had a criminal record and the management team sought professional references, proof of the applicant's identity, reviewed their work history and their eligibility to work in the UK.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. The provider had safeguarding policies and procedures for people and staff to follow should they experience or identify abuse. People told us the home was safe and one person said, "I feel safe here." A relative told us, "[Family member] loves it here and is very safe."
- Staff had received training in safeguarding people from abuse. They could describe the procedures they would follow should they identify people at risk of abuse. The staff ensured people's finances were protected from the risk of financial abuse. People's cash, where it was held by the service on their behalf, was counted daily to make sure they tallied with receipts and balance records.
- Staff also understood what was meant by the term whistleblowing. They told us they would report concerns to external agencies such as the local authority or the CQC, if they were unable to report concerns

about people's safety to the management team.

Assessing risk, safety monitoring and management

- People lived safely and the provider ensured their needs and risks were assessed, monitored and managed to continually keep them safe.
- Risks that were assessed included those related to people's health conditions, such as epilepsy or diabetes, people's mobility needs and triggers that could cause the person distress or anxiety.
- People's care plans contained information for staff about the actions they should take to keep them safe. Staff understood the support people required to reduce the risk of injury or harm. A staff member said, "I have worked with the residents for 6 years. I know them really well and understand how to keep them safe."
- The provider and registered manager maintained the safety of the living environment and equipment through checks and took action to minimise risks. Gas, water, electrical and fire safety systems were serviced by professionals. Each person had a personal emergency evacuation plan, in the event of a fire or other emergency.

Using medicines safely

- People were supported by staff who followed systems and processes to administer, record and store medicines safely.
- People's medicines were reviewed in collaboration with their doctor, pharmacist and relevant social care professionals involved in their care.
- The registered manager audited medicine stock levels and records. They checked staff were managing and administering medicines safely and took the necessary action if they found errors.
- We checked medicine administration records (MAR) and saw they were accurate and up to date. Staff told us they were confident handling medicines. We saw that competency checks were carried out and training was provided so that staff had the necessary skills to manage medicines.
- Protocols for medicines to be taken 'as required' (PRN) such as painkillers were in place so that staff could administer them safely and correctly.

Learning lessons when things go wrong

- Accidents and incidents that occurred in the home such as injuries or arguments were recorded,
- We looked at various incident records such as for medicines and falls. The management team reviewed incidents and took action to keep people safe.
- We saw from meeting minutes that lessons were learned from incidents although incident forms did not always capture this information due to their format. The registered manager told us they would make amendments to the form to include the lessons learned from incidents and how they could be prevented from re-occurring.

Preventing and controlling infection

- People, staff and visitors were protected from the risk of catching and spreading infections. Safety through the layout and hygiene practices of the premises was promoted. Staff cleaned the home daily and there was storage available for the safe use of cleaning products and materials.
- Staff used personal protective equipment (PPE) effectively and safely and told us they had sufficient PPE for their use. Staff and people told us they washed their hands regularly.
- The provider's infection prevention and control policy was up to date. There were processes to make sure infection outbreaks can be effectively prevented or managed.

Visiting in care homes

- The provider was facilitating visits for people living in the home in accordance with the current guidance.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they moved into the home. The assessment helped the management team assess and determine if the person's needs could be met and the environment was suitable for them.
- Pre-admission assessments contained details of people's life history, health conditions, mental health needs, mental capacity and equality and diversity needs. People's choices and capacity to understand information was assessed so that the appropriate levels of support could be provided.

Staff support: induction, training, skills and experience

- Staff were supported with an induction and training, to develop the necessary skills to support people in the home. Training included a combination of online and practical courses.
- Training topics included safeguarding adults, first aid, infection prevention and control, understanding autism, challenging behaviour, food hygiene and lesbian, gay, bisexual, and transgender (LGBT) awareness. Staff told us the training was helpful. A staff member told us, "I think the training was very good and important. We get training regularly. The manager arranges everything."
- During the inspection we discussed the training programme with the registered manager. We noticed it had been a long period of time since staff had received training in mental health awareness. The registered manager agreed, and immediately arranged an appropriate course from a suitable and accredited provider, for all staff to attend at a later date.
- Staff were supported with their continuous personal and professional development with supervisions and annual appraisals. Records showed the registered manager met with staff to go through their work and performance and to discuss concerns. A staff member said, "I regularly meet with [registered manager]. It is nice and relaxed and very helpful."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA

application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- The service followed the principles of the MCA. People's capacity to make decisions for themselves was respected.
- People, including those unable to make decisions for themselves, had as much choice and control over their lives as possible. Staff had received training on the MCA and understood that they required people's consent before supporting them.
- The registered manager applied for DoLS authorisations to ensure they were in place for people whose liberty was being deprived. Records showed specific conditions applied to people's DoLS by the local authority were being met by the service.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough to maintain a balanced diet.
- Care plans set out people's preferences for their food and drink and how best to support them. People's nutritional risks were assessed. For example, if they had any allergies or choking risks.
- When there were concerns about people's food and fluid intake or weight, records showed they were referred to other health professionals such as speech and language therapists, dieticians or their doctor.
- People told us they were provided meals they liked to eat. They chose their meals from a menu that had been designed and developed with their involvement. A person said, "The food is nice. I can eat meals I enjoy."
- Staff were able to ensure all people had 3 meals a day as recommended, although we noted people chose to eat their meals independently and at different times as it was their choice to do so.

Supporting people to live healthier lives, access healthcare services and support; working with other agencies

- People's health and wellbeing was monitored. There was involvement from other health care professionals and multi disciplinary teams including GPs, mental health services, consultant psychiatrists and physiotherapists.
- Care plans included the contact details of health professionals or agencies involved in their care. The staff and management team worked well with health professionals to ensure people were in the best of health.
- Records showed people had annual checks on their health and attended various health care appointments. For example, blood tests and dental check ups.
- Staff told us they were able to identify if people were not well and knew what action to take in an emergency.

Adapting service, design, decoration to meet people's needs

- 102 Faircross Avenue is a shared terraced house in a residential area and was nearby to local shops, services and public transport links. There was a garden for people to spend time and enough space for people to have their own privacy, as well as access to lounge and kitchen facilities. The home was suitably decorated and maintained.
- People told us they felt comfortable and safe in the home. They were able to personalise their rooms with items of their choosing. The home was clean and tidy. Staff ensured hygiene and sanitation was maintained daily to prevent the risk of infection.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People and relatives were positive about the staff and told us they were kind, caring and respectful. People told us they were well treated and had got to know the staff. A person said, "Yes, the staff are caring and kind."
- Staff told us they knew people well and had positive relationships with them. Staff knew a lot about people's histories, likes, dislikes, habits and routines. A staff member said, "I understand the residents very well. We are like family. I can understand their feelings and emotions. I talk to everyone and can identify mood changes or changes in their behaviour. I make sure they are OK."
- People were supported to get ready for the day ahead and their personal care needs were met when needed. We observed staff and the registered manager interacting with people politely and respectfully. Staff were friendly and cheerful. It was clear that staff and people were comfortable in each other's company when they were interacting with each other.
- Staff demonstrated appropriate skills and techniques when spending time with people with autism or mental health needs. They offered people choices and could anticipate what people wanted to do. People were not rushed and could do things at their own pace.
- People's protected characteristics such as their gender, race, religion and sexuality were respected and recorded in their care plans. People were supported to lead a private life and have relationships.
- Staff understood equality, diversity and human rights and what it meant for people. Staff told us they respected people as individuals with their beliefs and would challenge forms of discrimination. A staff member said, "Discrimination is not acceptable. We respect everyone's backgrounds and culture."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. Staff told us they knocked on people's doors before entering their rooms and made sure doors and curtains were closed when supporting them with personal care. A person said, "Staff knock on my door if they need me. They let me get on with things and I can things for myself. They help me when I ask."
- Staff told us they understood the home's confidentiality policy and did not share people's personal information.
- People were supported to be as independent as possible. Care plans contained information about people's levels of independence and daily living skills. For example, their ability to wash and dress themselves without support. Some people required support with tasks such as hair washing or shaving.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives told us they were involved in decisions about their care so that they could receive the type of care they wanted. People confirmed they could express their views and make choices about their daily lives.
- We observed staff offer people choices about their day-to-day care and how they spent their time. Staff we spoke with knew of people's preferences and choices.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences.

- People received person-centred care that met their needs. They had choice and control of how their care was delivered. They were supported to achieve good outcomes and care plans, which documented their preferences, were personalised.
- Care plans contained details of people's daily living skills, communication needs, mental health, personal relationships, hobbies and interests, mobility, dietary and personal care needs.
- The staff also had roles as keyworkers for some people when on shift. They also shared information with other people's keyworkers during shift changes. Keyworkers try to ensure a person's support needs are met and not overlooked in the day-to-day environment of the home. They have 1 to 1 meetings with people to check if they needed anything and for their mental health and wellbeing to be monitored.
- Care plans were reviewed and updated with any changes to people's preferences or health.
- Staff completed daily records for each person as a way of communicating information to other staff so that people continued to receive the support they needed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- The provider supported people to develop and maintain relationships with others such as family and friends to avoid social isolation. We saw a relative visiting a person during our inspection.
- People were supported to pursue their own interests. Each person had a weekly activity schedule for which they were supported by staff.
- People told us they enjoyed going for walks, listening to music, watching television and playing games. Outdoor activities some people enjoyed included exercise classes at the local gym, car rides, eating out and shopping. The registered manager took a person out to the local town during our inspection. Another person said, "The manager is helping me find a good snooker club I can join. I am watching snooker today on TV."
- People were supported to go on day trips during suitable weather, for example, to the seaside or for sightseeing. We saw from records that the director arranged this as they had a suitable vehicle they could use to drive people there.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were included in their care plans. For example, if people could not verbally express their thoughts and choices, guidance was in place for staff to follow. Staff told us they knew of people's communication needs. There was guidance for how staff could interpret people's body language, actions and gestures. This helped with establishing communication between them so that people could be supported, and their needs met.
- The provider told us they could supply information to people in easy read or pictorial formats to help them understand what the information was trying to say, such as activity plans and menus.

Improving care quality in response to complaints or concerns

- A complaints procedure for the home was available should people wish to make a complaint if they were not satisfied with the service. There were no complaints in progress at the time of our inspection, but people and relatives told us staff and managers were responsive and acted upon any issues or concerns. One person said, "Yes I can talk to staff if I don't like something."
- The registered manager told us they would investigate all complaints within the timescales set out in the complaints policy and provide people and relatives with an outcome for their complaint. They told us they would use complaints as a way of making improvements to the home.

End of Life care and support

- The provider had an end of life care and support policy in place. This meant there were systems to obtain and record people's wishes for the support they wanted to receive at the end of their life. This would help ensure staff would know what to do to make sure people's wishes and choices were respected at the appropriate time.
- The registered manager told us none of the people in the home at the time of the inspection were in receipt of end of life care and support. However, they told us they would develop a plan to start having discussions with people and their relatives about their future wishes in this area.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;

- The registered manager had the skills, knowledge and experience to manage the service and a clear understanding of people's needs. They understood and demonstrated compliance with regulatory requirements. The registered manager had been in post for 8 months at the time of our inspection and we found they and the provider had a good oversight of the service.
- The registered manager was supported by the provider's two directors. One of the directors visited the home during our inspection and told us they were pleased with the progress the registered manager had made since starting their role. They said, "[Registered manager] has done a brilliant job. It took us a long time to recruit the right person and we are really pleased with our choice. He has worked really hard and is very diligent."
- The provider had quality assurance systems in place for the home. The registered manager carried out audits and checks on daily records, medicines, health and safety and care plans. The directors also carried out a monthly internal audit of people's petty cash records, infection control systems, the building premises and staff records. These checks helped to ensure staff were carrying out their tasks responsibly, people were safe and were receiving good quality care and support.
- Staff told us they enjoyed working in the home and we could see they acted in a professional and courteous manner. A person said, "Everyone is really nice. I am happy here." A relative told us, "The staff are very nice and welcoming all the time. [Family member] is well supported."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager applied the duty of candour and was open and honest with people, staff and relatives. They apologised to people and relatives when things went wrong in the service.
- They notified the CQC if people had authorised DoLS in place and of serious incidents or changes in the service as is their legal responsibility to do so.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager instilled a culture of care in which staff valued and promoted people's individuality. A staff member told us, "It is a nice place to work. It is quiet and there are no problems. The company and the manager are very good and supportive."
- The registered manager was accessible and approachable and made sure they listened to what people,

staff, relatives, appointees, and healthcare professionals had to say. A relative told us, "The manager is good and listens."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; continuous learning and improving care

- The registered manager sought feedback from people and those important to them and used the feedback to develop the service. We looked at feedback which indicated people and relatives were positive and happy about the home.
- Staff meetings took place so that the registered manager could share information and discuss concerns or issues that needed to be addressed. Topics included social events, medicines, training, policies and staff duty rotas. Records showed the registered manager took action to improve staff performance in certain areas where they had not followed policies for the service.
- The registered manager had implemented improvements in the home. They said, "When I started, I made a few changes as I noticed the staff were set in their ways and we needed to raise our standards to be compliant with CQC regulations." For example, they had encouraged staff to write more detailed daily records, put more information on display for staff and people to read and ensured people's privacy was always respected. This showed there was a culture of learning and improving in the home.

Working in partnership with others

- The staff and registered manager worked well in partnership with other healthcare professionals. They listened to feedback from healthcare professionals and acted on their recommendations to help people achieve positive outcomes and improve the quality of their life. We noted feedback from professionals was positive about the standard of care people received.
- The provider kept up to date with developments in the care sector to help inform improvements to the home.